

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-030342

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 70

Primary Registration District No. _____

Registrar's No. 44

FILED SEP 3 1962

1. PLACE OF DEATH

a. COUNTY

Clarkb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kahoka

Length of stay in 1b

4 wksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Schudy Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Clark

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Camden R.P.D.

(If outside, give location)

d. STREET ADDRESS

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)FRANK

First

Middle

C.

Last

MADDOX

4. DATE OF DEATH

Month

Day

Year

August 18, 1962

5. SEX

M.

6. COLOR OR RACE

W.7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Clark Co. Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Monclair L. Maddox

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Resor Kathryn Maddox

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

297 Mrs. Frank Maddox

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Urosepsis

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute urinary infection, secondary infection 3 days

DUE TO (c)

Prostatitis by prostatic abscess

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour: _____ a.m. _____ p.m. _____ Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____
Death occurred at _____8-11-62 to 8-17-62and last saw him alive on 8-17-625:50 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. L. Miller, MD

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

8-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Burial 8-21-62

23c. NAME OF CEMETERY OR CREMATORY

Graves

23d. LOCATION (City, town, or county)

Wayland, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Otis L. Gutting, Kahoka, Mo.

25. DATE RECD. BY LOCAL REG.

8-30-62

26. REGISTRAR'S SIGNATURE

J. B. Rogers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 6 1962 VS

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert H. Maharg

Licensed Embalmer No.

4348

P. O. Address

Kahoka Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.